PR.SB.04 AUDIT PERFORMANCE PROCEDURE

A) DOCUMENT APPROVALS

No	Definition	Action	Created By	Date
1	Document approved	Approval	Sevda Büyükbaltacı	10.02.2023

B) REVISION HISTORY

No	Definition	Reason	Approval Date	Release Date
13	Islamic Affairs Expert is required to be a part of the audit team in halal certification stage 1 audits.	HAK Observation No 4	10.02.2023	10.02.2023
12	With the amendment made in the law regarding some regulations regarding the Halal Accreditation Agency numbered 7060, a risk-based definition has been made for the product groups related to it.The transition to the IQMEMO system has been made.	DF20221022.Switching to the new program.	03.02.2023	03.02.2023

5.Purpose and Scope

5.1 Purpose

The purpose of this procedure is to identify principles for audits performed within the scope of management system certification.

5.2 Scope

All audits essential to management system certification performed at SZUTEST are within the scope of this procedure.
ISO 13485 Medical Quality Management System audits are outside the scope of this procedure.
Principles that show changes in ISO 9001 audits performed by Elevator Department with quality system based product certification activities are stated in Article 8.8.

6.Definitions

Management System: One of the Quality, Environment, Energy, Occupational Health and Safety, Customer Satisfaction, Information Management and Food Safety Management Systems.

Nonconformity : Failure to meet a requirement.

Major Nonconformity: Nonconformities affecting the ability of management system to achieve its intended outcome. It is the condition of failure to adequately identify and/or systematically perform any of the standard articles or subheadings that may affect the continuous implementation of system as a whole and/or negatively affect meeting the requirements of the product or service offered to the client in desired conditions.

Minor Nonconformity : Nonconformities that do not affect the ability of management system to achieve its intended outcome. Minor nonconformities are nonsystematic deviations from system standard and/or company documentation requirements without affecting the overall system.

Observation: Condition that is encountered during the audit and can be proven with objective evidence. If no action is taken, findings that can transform into nonconformity are within the scope of this definition and observations are specified in the audit report.

QMS: Quality Management System

EMS: Environment Management System

FSMS: Food Safety Management System

CSMS: Customer Satisfaction Management System

OHSMS: Occupational Health and Safety Management System

EnMS: Energy Management System

ISMS: Information Safety Management System

BCMS: Business Continuity Management System

EnB: Energy Baseline

EnPI : Energy Performance Indicator

7.Responsibilities

System Certification Department Manager, Operation and Planning Coordinator, Halal Planning Responsible and Planning Responsible, Halal Certification Technical Responsible, Management Systems Lead Auditor, Auditor, Technical Experts, Islamic Affair Expert and Quality Coordinator are responsible for the implementation of this procedure.

8.Method

Audits are performed with the purpose of determining the establishment of management system in accordance with relevant standards, regulations, organization's management system policy and identify whether the system is effectively implemented. It consists of four stages.

- Assignment of the Audit Team
- Audit planning
- Audit performance
- Audit reporting

8.1 Assignment of the Audit Team

8.1.1 Audit team is assigned with FR.SB.14 Audit Team Assignment Form in accordance with scope of the audit using Lead Auditor, Auditor, Technical Expert List where auditors are qualified according to Management Systems Lead Auditor, Auditor and Expert Qualification Procedure. If there is an objection to the assignment of auditors in the audit team, the rationale is written down on FR.SB.14 Audit Team Assignment Form and a new audit team is assigned by related Department Manager.
8.1.2 The audit team consists of at least one lead auditor. In audit teams, a lead auditor is appointed as the team leader when more than one person is included in the team. In Halal Certification Audits (Stage 1 and Stage 2) the inspection team consists of at least two (2) personnel. One of them will be a technical auditor with lead auditor qualification and authority or appointment, and the other will be an Islamic Affair Expert.
8.1.3 Following aspects are taken into consideration in the selection of audit team;

- Audit objectives, scope, criteria and specified time interval,
- Consolidated or integrated audit,
- Total competence of audit team required to carry out audit objectives,
- Certification requirements (legal or contractual requirements),
- Language and culture,
- Whether the audit team previously audited client's management system.

8.1.4 In Stage 1 (if the audits will be carried out on-site), Stage 2, surveillance, certification renewal audits, audit team should be established to include an audit team member (lead auditor, auditor or expert) who is appointed according to related EA/NACE/GROUP CODE of organization which will be audited.
8.1.5 In Stage 2 audits, team leader should be the lead auditor who performs the Stage 1 audit as far as possible.
8.1.7 Follow-up audits shall be performed by Stage 2 audit team leader or other auditors of the audit team as far as possible.
8.1.8 In special audits and transfer audits, when necessary, audit team shall be established to include an audit team member (lead auditor, auditor or expert) who is appointed according to related EA/NACE/GROUP CODE of organization which will be audited.
8.1.9 In consolidated audits; audit team shall fulfill the competency requirements for each certification plan and each technical area within the scope of consolidated audit. In cases where audit team leader does not possess the necessary competency to audit all management system standards within the scope of the consolidated audit, each team member shall be appointed as 'leader' for each relevant standard and be responsible for recommendations outside of the audit team leader's competency.
8.1.10 An auditor may take part in a company's audit team no more than three times in a row. In cases where this is not possible, auditor's role in the audit team or articles to be audited are changed. Stage 1, follow-up, scope enlargement audits are not within the scope of this practice and only certification surveillance and re-certification audits are included.

8.1.11. Observers and guides may accompany audits. Observers may be a person who observes a member of the audit team as well as they can be a representative of client or an authority of accreditation body. The guides are those who accompany the audit team for assistance. A guide may be appointed to each member of the audit team. The responsibilities of guide may include tasks such as ensuring communication, arranging meetings, organizing site visits, implementing site safety rules, witnessing on behalf of the client or providing information requested by the auditor.
Customer and audit team members are informed about the participation of guides and observers to the audit and customer's approval is obtained. Guides or observers do not interfere the audit.
8.1.12 Following the realisation of ISO 27001 Stage 1 audit, in case there is a requirement regarding to make amendment or to establish new members in Stage 2 audit team, considering the technical risk assessment towards to current audit team members, throughout the selection step of Stage 2 audit team members; the personnel on behalf of SZUTEST, who is independent from audit, may take an action to make an alteration in Stage 2 audit team.
8.2 Audit Planning
8.2.1 Documents and records requested by System Certification Department Manager together with the approved contract and those that are listed below are verified for reaching SZUTEST. Company is contacted and missing documents are requested if any.

- Management system (mandatory) documentation,
- Management system policy and objectives,
- Documentation on responsibility and authority,
- Internal audit records, details on nonconformity findings,
- Management review records,
- Records of corrective and preventive actions,
- Data analysis,
- Legal (licence/permit) requirements

8.2.2 Lead auditor performs the audit if Stage 1 audit is foreseen to be performed in the office. If Stage 1 audit is foreseen to be carried out on-site, FR.SB.17 Audit Plan is sent to the company 3 days in advance and approval of the audit plan is requested from the company. Department Manager may decide to change the audit team considering the justification if approval is not given by the company.
8.2.3 If Stage 1 audit is carried out on-site, following issues are evaluated in addition to document review.

- Assessing the location of organization and conditions specific to the site
- Scope of the management system, processes and areas of the organization, regulatory issues and collection of necessary information related with compliance.
- Reviewing necessary resources for Stage 2 audit and coming to an agreement with the client on details of the second stage audit.
- Focusing on planning of second stage audit by ensuring an adequate understanding on client's management system and field operations in the context of possible important aspects.
- Evaluating whether if internal audits and management review are planned and implemented. Assessing whether if the company is ready for Stage 2 audit with implementation level of applied management system.
- Other issues that need to be known before the Stage 2 certification audit
- AS AN ADDITION FOR ISO 50001
- a) Verification of the scope and limits of the EMS to be certified,
- b) Examining the graphical or textual description of the organization's facilities, equipment, systems and processes for defined scope and boundaries,
- c) Verification of EnMS effective personnel number, energy resources, significant energy use and annual energy consumption for verification of audit time,
- d) Examination of documented results of the energy planning process,
- e) Examination of the related objectives, targets and action plans along with the list of identified energy performance improvement opportunities,
- It is examined.
- In the Halal Certification audit, in addition to the FR.SB.15 Stage 1 report, FR.SB.15 EK.1 Halal Certification Stage 1 report is filled.If the company has an ISO 22000 certificate, it is not necessary to fill in the section related to ISO 22000 in the FR.SB.15 Annex-1 Halal Certification Stage 1 report.

8.2.4 In Stage 1 audits, following additional assessments are done in order to meet the management system's specific requirements.
In Environment, Occupational Health and Safety Systems;

- Identification of Environment, Occupational Health and Safety management aspects and determination of importance level, evaluation of risks
- Licences and permits related with Environment, Occupational Health and Safety management

In Food Safety Management System;

- Food safety-related permits and certifications
- Hazard Analysis
- HACCP plans.

In OIC / SMIIC Halal Certification Management System,

- Legal permits and certificates regarding food safety,
- Hazard Analysis
- HACCP plans.
- Prerequisite programs,
- Halal Product Definitions and Analysis
- Policy and Targets
- FS hazard definitions and analysis

In Customer Satisfaction Management System;

- Information on the announcement of process to customers,
- Information on the announcement of policy to related parties,
- Other issues that need to be known prior to second stage certification audit.

In Information Safety Management System;

- Documented statements of control purposes,
- A definition of risk assessment methodology,
- Risk assessment report,
- Risk processing plan,
- Applicability statement

In Business Continuity Management System;

- Business impact analysis and risk assessment,
- Business continuity strategy,
- Business continuity plans,
- Drills and tests,
- Recovery
- Determine the ability of the Management system for ISO 45001 to meet the client's applicable legal, regulatory and contractual requirements, the following approach is applied: Certification of an OHSYS under the requirements of ISO 45001: 2018 is not a guarantee of legal compliance (other control tools, including official controls or other types of controls and / or legal compliance audits or other forms of certification or verification, do not constitute a guarantee).On the other hand, ISO 45001: 2018 certification has proven to be an effective tool for ensuring and maintaining compliance with these laws.It is accepted that the accredited OHSMS certification will demonstrate that the organization has clearly been evaluated and approved to have an effective OHSMS to ensure that it fulfills its policy commitments, including compliance with the law.Ongoing or potential non-conformances in terms of applicable legal requirements may indicate a lack of management review within the organization, and the OHSMS and compliance with the ISO45001: 2018 standard should be carefully reviewed

In Energy Management Systems;

- Identification of Energy management aspects and determination of importance level, evaluation of risks
- Licences and permits related with Energy management
- Verification of the scope and limits of the EMS to be certified,
- Examining the graphical or textual description of the organization's facilities, equipment, systems and processes for defined scope and boundaries,
- Verification of EnMS effective personnel number, energy resources, significant energy use and annual energy consumption for verification of audit time,
- Examination of documented results of the energy planning process,
- Examination of the related objectives, targets and action plans along with the list of identified energy performance improvement opportunities, It is examined Audit to confirm the use of EnPG and EnRCs by the company to determine energy performance;
- Documented records of identified and prioritized energy performance development opportunities and objectives, energy targets and action plans should be reviewed.

8.2.5 Prior to second stage of certification audit, the team leader should confirm that company meets the following conditions

- The system has been in operation for at least three months,
- Key points and important parts of the system are effectively audited in accordance with the internal audit program, records of the findings are kept and necessary corrective and preventive actions are implemented on time,
- Management review meeting is held and relevant records are kept,
- Customer feedback is evaluated (if any), data analysis is done and necessary corrective and preventive actions are carried out on time,
- A list is established for legal regulations they are responsible for implementing,
- For control measures of FSMS, compliance of validation and program development activities to the requirements of food safety management system standard.

8.2.6 Audit team records Stage 1 audit results on FR.SB.15 Stage 1 Audit Report. Once the audit is completed, Stage 1 Audit Report prepared by the audit team is delivered to the audited company within 1 week at the latest. After closed nonconformities identified in the Stage 1 audit are verified, Stage 2 audit is planned. Stage 1 audit and Stage 2 audit may have 6 months in between at maximum.

8.3 Audit Performance

8.3.1 The audit is carried out in the following stages

- Opening meeting
- Site tour (if needed)
- Audit
- Audit team meeting and reporting
- Closing meeting

8.3.2 Opening Meeting

In the audits performed on site, it is started with an opening meeting held by the presidency of audit team leader with the participation of company representatives and audit team. Issues identified on FR.SB.55 Opening Closing Meeting Record are discussed at the opening meeting. If seen necessary by the team leader, a preliminary situation assessment can be performed for areas, processes and products to be audited. Also a quick site tour can be done with organization representatives in order to collect preliminary information from the field.

8.3.3 Audit

Audit is carried out to cover all departments/processes and items that are indicated on FR.SB.17 Audit Plan. Auditor informs the team leader when a situation that is not possible to implement occurs in the audit plan. Each auditor is responsible for the audit of areas specified in the audit program. If the duration of audit exceeds the plan, auditors should inform the team leader in order to make necessary arrangements. Experts who are not auditors but take place in the audit team should accompany the auditors throughout the audit. During the audit, each auditor should record audit related findings, recommendations and other key points on Audit Checklist. Such items include names of audited individuals, procedure article numbers related to findings, information related to name, code, identification of selected samples. Auditors shall ensure that the observations are determined on the basis of sufficient objective evidence. Thus information related to audit objectives, scope and criteria are collected and verified with appropriate sampling in order to become an audit proof. Methods to collect information can be interviews, observation and reviewing processes, applications, documents and records.
During the audit, audit team evaluates the progress of audit depending on the need and exchange information. In the event of reaching findings that may cause problem in meeting the audit targets or when an urgent and important risk (such as security) is encountered, team leader determines the appropriate actions, reports this situation to System Certification Department Manager and the client if possible. Such action may include reconfirmation or amendment of the audit plan, a change in audit objectives or audit scope or termination of audit. The decision taken by the audit team leader is reported to the System Certification Department Manager. When a change is considered in the scope of audit, it is decided with the client.
When performing ISO 50001 audits; the audit team collects and verifies the audit evidence on energy performance. This audit evidence should at least include:

- Energy planning (all departments),
- Operational controls,
- Monitoring, measurement and analysis results.

Note : Examples of how the client organization will demonstrate energy performance improvements are given in ISO 50001:2018, A.10. Additional information on energy performance improvement is provided in Annex C.

Halal Certification audits are carried out as Stage I and Stage II (Certification). Stage I audits can be carried out at the desk or on the site of the organization, depending on the standard applied and the risk group of the applicant organization. In the categories A, B, G, H, I, J and K of the categories specified in the TS OIC SMIIC 2 standard, the 1st stage of the audit does not have to be on-site audit. However, the decision to conduct the audit on site is entirely up to the audit team. In categories C, D, E, F, L, M and N, the 1st stage of the inspection must be on-site inspection. Stage I and Stage II (Certification) audits can be planned to follow each other. However, if a nonconformity is detected during the Stage I audit, the Stage II (Certification) audit is not carried out until the end of the prescribed period for closing the detected nonconformity.
In OIC SMIIC 2 Halal certification audits, for those in the low and medium risk groups, Stage I audits can be performed at the desk in all certification audits.
Halal Certification Stage I audits can also be performed in the field with the approval of the relevant certification unit when deemed necessary by the lead auditor.

If any nonconformity is detected during the Stage I audit conducted at the desk, the pre-planned Stage II (Certification) audit is not carried out.The report prepared, together with the Nonconformity Reports, is submitted to the Decision Committee within 15 days at the latest.In FR.SB.18 Corrective Action Form, the root cause of the nonconformity is required to be sent to SZUTEST within 10 working days by describing the action required to eliminate the nonconformity and the action preventing its repetition.Corrective actions determined for halal certification audits must be closed before the Certification and / or Surveillance decision, regardless of major or minor distinction.When passing from Stage 1 audit to Stage 2 audit, it is required to close the nonconformities, if any. The deadline for nonconformities cannot exceed 6 (six) months.The nonconformity closing process is 3 months.If the company has not completed the works to close the existing nonconformities within 3 months, at the end of this period, SZUTEST contacts the Company and it is decided whether + 3 months will be given by reviewing the works related to the nonconformities and the company's existing document.Stage II (Certification) audit is planned at the end of the stipulated time to eliminate the detected nonconformities. The period between Stage I and Stage II (Certification) audit cannot exceed 6 (six) months. In cases exceeding 6 (six) months, the application is canceled.The follow-up and closure of the nonconformities detected during the Stage I audit is done during the Stage II (Certification) audit.If no non-conformance is detected during the Stage I audit conducted at the desk, the previously planned Stage II (Certification) audit is carried out with the decision of the Lead Auditor performing the Stage I audit.

Stage I Inspections in the Field in Halal Certification Inspections,
In special and very high risk groups in OIC SMIIC Halal Certification audits,
If any nonconformity is detected during the Stage I audit conducted in the field, the pre-planned Certification (Stage II) audit is not carried out, the report prepared together with the Nonconformity Reports is submitted to the Decision Committee within 10 (ten) days at the latest.

The deadline for nonconformities cannot exceed 6 (six) months. Certification (Stage II) audit is planned by the Halal technical responsible at the end of the period stipulated to eliminate the nonconformities detected in the establishment.

The purpose of the stage 2 audit is to evaluate the implementation, including the effectiveness of the client's management system. Stage 2 audit is done at all customer sites.

During the Stage 2 audit, the following issues are reviewed.
- Information, evidence about compliance with the requirements of the applicable management system standard or other decisive documents,
- Monitoring, measuring, recording and reviewing performance for key performance objectives and objectives (consistent with the expectations in the applicable management system standard or other decisive documents),
- Management system and performance of customers in terms of legal compliance,
- Operational control of customer processes,
- Review of internal audit and management,
- Management's responsibility for customer policies,
- Connections between normative terms, policy, performance goals and objectives

Any applicable legal requirements, responsibilities, competence of personnel, operations, procedures, performance data and internal audit findings and conclusions (consistent with the expectations in the applicable management system standard or other provisioning documents)
Before making the certification decision in Phase 2, it collects the necessary audit evidence to determine that energy performance improvements have been proven.
Verification of energy performance improvement is required before initial certification is awarded.

For ISO 45001 audits, the Audit team interviews with the following personnel:
i) Managers who have legal responsibility regarding occupational health and safety,
ii) Employee representative (s) with responsibility for occupational health and safety,
iii) Personnel responsible for monitoring the health of employees such as doctors and nurses. In case of remote interviews, justifications are recorded,
iv) Managers, permanent and temporary employees.

Other personnel to consider for the interview:

- Managers and employees who carry out activities related to the prevention of occupational health and safety risks
- Contractors' managers and employees.

Audit team or contracted laboratories will take sufficient samples from production / service areas - when necessary- to carry out the necessary inquiries and tests. TL.SB.04 Halal Certification Procedures for packaging and sealing are defined in Articles 8.2 and 8.3 of the Sampling Instruction.
In accordance with the halal certification audits, regardless of the complaint and/or feedback by any party for the products of customers certified within the scope of halal certification; SZUTEST will take samples from the market at least once during the certification cycle and subject them to analysis by randomly choosing among the final products included in the scope of the relevant certification.In case of complaints from consumers and/or related parties about the products in question, the frequency of sampling from the market is increased from the relevant certified customer products.

If certification of halal products is based on testing / inspection of halal product batches, it will comply with a defined sampling schedule using statistically proven techniques with specified confidence levels.The samples taken by the inspection team are sent for analysis to the laboratory accredited under ISO / IEC 17025 or recognized with the approval of the halal competent authority.
Examinations and tests regarding halal products / services will be determined according to halal product / service requirements and national and / or regional or international legal provisions.

Laboratories performing inspection and or analysis must be accredited in accordance with ISO / IEC 17025 or approved by the halal competent authority.
When there are no independent organizations that carry out testing activities, the supplier must ensure that the specified controls are carried out at the test facilities and ensure that they are managed by providing confidence to justify the results obtained from these records.

In Halal Certification audits; The evaluation of the use of the SZUTEST brand is questioned with the FR.SB.61 Halal Certification Audit Checklist.For halal food party goods certification, the traceability of slaughtered animals is provided on the document with the serial number given specifically to the animals by that country or ministry.During the Halal Certification Audit, when questioning the halal certificates of any raw material or intermediate product involved in the production process; the validity and realism of the halal certificate provided to us by the client organization is primarily questioned.In addition; It is preferred that the certification body that issues the halal certificate is a certification body recognized by SMIIC and its member countries.If it is not an organization recognized by SMIIC, it is verified that the relevant certification body has a national or international accreditation.Certificates issued by certification bodies that do not have any accreditation or have national and/or international accreditation are not considered and accepted by SZUTEST for the relevant products.

Changes specified by Law No. 7060 on Some Regulations Related to Halal Accreditation Agency, published as on 04 June 2022, by considering product conditions during the law transition period (1 year) will be evaluated according to the following table below based on risk.The method to be applied for the relevant law passage is not valid for the overseas certifications.

Risk Class	Business Sector
High Risk	o Raw meat from bovine and ovine animals (fresh, chilled, frozen, deep-frozen meat) o Raw meat from poultry (freshly chilled) , frozen, deep-frozen meat) o Processed/heat-treated meat products for Poultry, Bovine, Ovine o Gelatin from animals o All products containing any of the above products
Medium risk	o Food additives, Processing supporters, Vitamins, minerals, Biocultures, flavorings, enzymes o Fats and oils of vegetable origin, soft drinks non-alcoholic (including beverages, vinegar) o Drinking water, starch, sugar and confectionery products, honey products, Cocoa and Cocoa Products, Cereals and Products (Light Bakery Products, Bakery Products, Noodle etc. Flour) Coffee and Coffee products, teas (Herbal teas and their blends) Biscuit Types , Cookies and Snacks (including further processed nuts), soups and dry ready-to-eat foods, infant and child foods, spices, condiments, sauces, canned foods, processed oil seeds, food-grade salts, o Products consisting of a mixture of animal and vegetable products (pizza, lasagna, sandwiches, ravioli, etc.) that do not contain high-risk products and contain ready-to-eat meals. o Milk and Dairy products (fresh and long-lasting products) o Primary packaging
Low risk	o Natural products of plant origin (fresh or dried fruits and vegetables and their products,

	pulses

High risk: According to the OIC SMIIC 1 standard, the raw materials and/or suppliers included in the product within the relevant scope must have a halal certificate approved by the Halal Accreditation Agency (HAK).

Medium risk: According to the OIC SMIIC 1 standard, the raw materials and/or suppliers included in the product content within the relevant scope must have a halal certificate approved by the Halal Accreditation Agency (HAK), or the analysis result or product content information from the HAK approved or ISO 17025 accredited laboratory.

Low risk: Raw materials and/or suppliers included in the product content within the relevant scope are considered conveinent

8.3.4 Audit Team Meeting

When audit is completed, team members hold a meeting to review the findings. Review meetings are held at the end of each day throughout the audit. In this meeting, audit checklists are reviewed and audit team compares their notes. Audit findings and other appropriate information collected during the audit are reviewed according to audit objectives. Audit team comes to an agreement on the audit results considering the uncertainty in the nature of audit process. Appropriateness of audit plan is confirmed or any requested change (such as scope, duration or date of audit, surveillance frequency, sufficiency, etc.) is determined. Audit report is prepared. Identified nonconformities are classified and recorded with FR.SB.18 Corrective Action Form.

8.3.5 Determination of Corrective Actions

All nonconformities are supported with objective evidence documented by the audit team and recorded with FR.SB.18 Corrective Action Form. Also it is identified that nonconformity corresponds to which clause of the standard and classified according to its category. In cases where the nonconformity is identified by the auditor in a process/area/department where team leader was not available, auditor submits the nonconformity in question to the team leader for confirmation of validity and classification before reporting it to the company. If the team leader is working in a remote environment from the auditors, company representative should be informed that the team leader will present the nonconformities to company for approval.

8.3.6 Organization of Audit Report

After the completion of audit, FR.SB.16 Audit Report is prepared by team leader with the audit team. Decision of recommendation related to certification is documented on FR.SB.16 Audit Report. It is presented to the company in the closing meeting. A copy of Audit Report is delivered to the System Certification Department. If audit report can not be prepared on the field due to extraordinary situations (difficulties in transportation, time, space), it is prepared within one week after the audit for sending to the company.

At least the following information is included in the audit report;

- Audit date(s),
- Audit team,
- Company description (name, address, management representative, description of audited facilities),
- Type of the audit,
- Objective of the audit,
- Scope of the audit,
- Standard that audit is based on,
- Excluded articles (if any),
- Opinions on compliance of system with audited standards and certification requirements,
- Audit findings and observations,
- Explicit description if nonconformities are identified,
- Period of the next audit,
- Unresolved issues if any,
- Summary of audit topics,
- Audit team's decision on certification or continuity of certification
- When filling out the ISO 50001 audit report, all relevant evidence of the EnMS, including energy performance and energy performance improvements, must be collected, reviewed and recorded as evidence in audit reports.

Also Audit Summary and Surveillance Audit Program which includes surveillance audits to be performed during the certification validity period should also be included in the report.

8.3.7 Establishment of Surveillance Audit Program

The following issues should be included in the surveillance audit program;

- Management review,
- Meeting with the management representative,
- Reviewing of documented information,
- Checking the nonconformities identified in previous audits,
- Corrective and preventive actions,
- Examination of internal audits, audit findings and reports,
- Checking the feedback of related parties (if any),
- Data analysis,
- Checking department or areas where a change is made,
- Certificate and brand use,
- Control of specified articles in the standard,
- Licence / permit requirements (legal regulations that the company is responsible for implementing),
- Records indicating that the organization has performed assessments to meet legal requirements (including accidents, violations of regulations and laws, official correspondence)

In certification, re-certification, follow-up, transfer, scope enlargement or each surveillance audit, recommendations to be considered in the next audit should be specified. These recommendations will emerge over time with the experience related to the company and they will increase the effectiveness of subsequent surveillance audits. Other articles of the system and standard that are not included in the surveillance audit program must be audited at least once in the surveillance audits during certification validity.
All departments in the company's system should be audited during the three-year certification validity period. However in large-scale companies it may not be possible to audit all departments within three years. In this case, records such as functionality of company's system; audit team internal audit reports, management review records, customer feedback, data analysis are reviewed extensively for departments that can not be physically audited.
While one time audit of standard's applicable articles meet the requirements of standard within three years of the certification validity period, following activities need to be audited for each surveillance audit in order to measure the suitability and effectiveness of company's system.
In all of the management systems;

- The context of the organization,
- Policy and objectives,
- Management review,
- Monitoring and measurement of processes,
- Corrective and preventive actions,
- Customer feedback,
- Internal audit,
- Control of compliance with applicable licenses and permits that include applicable legal regulations and relations with relevant parties
- Opinions received from competent bodies and records of actions performed towards them.

In addition for QMS;

- Design and development
- Product and service implementation
- Control of monitoring and measuring devices
- Data analysis

In addition for EMS;

- Control of activities
- Emergency preparedness and response
- Monitoring and measuring
- Assessment of compliance
- Written statement confirming the implementation of actions related to the company's energy performance improvement
- Monitoring records of the EnMS, including energy performance and energy performance improvements

In addition for OHSMS;

- Participation and consultation
- Business supervision
- Emergency preparedness and what to do in these situations
- Performance measurement and monitoring
- Assessment of compliance
- Accidents, incidents and nonconformities

In addition for CSMS;

- Operation of complaint handling process
- Analysis and evaluation of complaints
- Satisfaction with complaint handling process
- Data analysis

In addition for FSMS;

- Communication
- Emergency preparedness and response
- Pre-requisite programs
- Monitoring records of critical check points
- Monitoring records of operational pre-requisite programs
- Recall
- System verification records
- System update records

In addition for EnMS;

- Continuity of operational controls
- Performance monitoring and measurement
- Assessment of compliance

In addition for ISMS;

- Communication activities with external parties
- Areas subject to change
- Threats to information security, vulnerabilities and effects on the organization
- Checking objectives and controls
- Records of objection and complaints submitted to SZUTEST

In addition for BCMS;

- Business continuity plans
- Recovery
- Application and testing
- Evaluation of business continuity procedures

0In addition to Halal Certification;

- Contact
- Emergency preparedness and response
- Prerequisite programs
- Critical control points monitoring records
- Operational prerequisite programs monitoring records
- Withdrawal
- System verification records
- System update records
- Legal permissions and certificates regarding food safety,
- Hazard Analysis
- HACCP plans.
- Prerequisite programs,
- Halal Product Definitions and Analysis
- Policy and Objectives
- FS hazard definitions and analysis

8.3.8 Informing Company Representative

If the audit lasts longer than a day, company representative must be informed at the end of each day. If necessary, identified nonconformities are discussed and approval is ensured before the closing meeting. Therefore at the closing meeting, nonconformity related objection or occurrence of negative opinion is avoided.
In one-day audits, informing of company representative on findings and nonconformities and if possible seeking approval must be done before the closing meeting.

8.3.9 Closing Meeting

After the completion of audit, a closing meeting is held by the presidency of audit team leader with the participation of company representatives where issues specified on FR.SB.55 Opening Closing Meeting Record are discussed. The purpose of closing meeting is to present the results of the audit, including the proposal for certification.
Nonconformities are negotiated with the company to make sure that the evidence is accurate and nonconformities are understood. The report prepared for company's official approval of nonconformities is presented by the team leader to the company representative. Following submission of nonconformities to the company representative, FR.SB.18 Corrective Action Form is signed by the company representative as a confirmation of acceptance by the company.
All identified nonconformities must be approved by the company representative prior to audit team leaving the company. If the company representative do not wish to accept the nonconformities, he/she is informed that certification would not be possible unless nonconformities are corrected and a written application can be submitted to SZUTEST regarding the objection.
Team leader leaves a copy of FR.SB.18 Corrective Action Form to the company and provide necessary information for closing the identified nonconformities.
The audit team can not make any promises or commitments regarding the issuance date of certification.

8.3.10 Stoppage of Audit

Audit can be stopped only during the occurrence of following conditions:

- If there are legal sanctions or requirements outside of system standard related with product/service within the scope of audit (such as occupational health and safety regulation or special requests for the product or service) and when they are identified as not being performed by the company, team leader should consider stopping the audit.
- If during the audit, conditions negatively affect audit team's health or pose a threat, team leader should consider stopping the audit.
- If serious problems that prevent the continuation of audit are identified in the implementation of system and follow-up audit is unavoidable, team leader should suggest cessation of operation and terminate the audit. Under these conditions, stopping the audit is an exception and should be used as a last resort. In such cases, renewal of audit is a must.
- If other risks are emerging in terms of environment, energy, occupational health and safety, quality, customer satisfaction, food safety or security due to identified nonconformity; team leader should stop the audit and notify the company to carry out what is necessary for correcting the situation.
- If serious problems are encountered to reach the staff in audited department, related department or job, record of product or service that will be audited or bribe is offered to the audit team, audit must be stopped.
- Also if stopping the audit is requested due to company based reasons, it can be stopped under the condition of repetition.
- When team leader decides stopping the audit, company representative is reached and rationale is explained. System Certification Department Manager is consulted in the decision making if seen necessary by the team leader. The team leader explains the reason for stopping the audit by calling the company's senior management to the meeting. Changing this stopped audit to a preliminary audit is proposed. If company's certification request is valid, it is stated that audit will be repeated at a later date under the condition of eliminating related nonconformity. All details related to stopping the audit should be indicated in the report. FR.SB.18 Corrective Action Form where nonconformity records are kept can be used for the report of stopping the audit. Related report is sent to the company in written.

8.4 Follow-up of Non-Conformities Identified in the Audit

In company representative's FR.SB.18 Corrective Action Form, root cause of the nonconformity, necessary action to eliminate nonconformity and action that prevents repetition are identified and requested for submission to SZUTEST within 10 business days. Team leader or an auditor of the team controls, verifies and signs if nonconformity's root cause is accurately specified,

activity stated in the form is sufficient for elimination of nonconformity and prevent repetition, whether if given timeframe is complied.
However, if it is understood that the activity described by the company is not sufficient to prevent the repetition of nonconformity, without being approved, by stating the reason team leader or an auditor of the team returns FR.SB.18 Corrective Action Form to the company for re-examination.
For audits that are carried out by sampling principle in companies with affiliated facility or facilities, corrective action that will be implemented for any nonconformity identified in the audit must be implemented to all areas within the scope of certification.
Correction for elimination of nonconformity and maximum duration for implementation of corrective action is maximum 3 months from the date of nonconformity regardless of nonconformity's majority. Duration that will be determined in the re-certification audit must be before certificate's expiration date. Nonetheless, if the non-conformity contains a risk to the product / service coverage, environment and occupational health and safety, selecting allowed time to a closer date should be considered.
For minor nonconformities that do not require a follow-up audit, correction and approval of corrective action plan is sufficient for issuance of certificate (certification, transfer, re-certification, change of scope audits) or continuity of certification validity (surveillance audits). Corrections and effective implementation of corrective actions are evaluated in the subsequent audit. If it is found that related nonconformity could not be closed or repeated, it is categorized as major nonconformity. Correction applied towards nonconformities (mostly major) that require a follow-up and whether if corrective actions are effectively implemented are verified with a field audit. As far as possible, auditors who are not participated in audits where nonconformities have been identified should not be allowed to take role in follow-up audits. Auditor who participated in the audit where nonconformity has been identified should state performed activity in the Corrective Action Form in order to verify that implemented corrective action is sufficient in terms of system requirements. This implementation is performed in the subsequent audit for nonconformities that are closed on the basis of document. In this condition, it is not required that relevant auditor should be present at the audit in which the nonconformity is detected.

8.4.1 Closing Non-Conformities with a Follow-up Audit

If appointed audit team identifies during the follow-up audit that major nonconformities are not closed or at least reduced to a minor nonconformity level, company is notified in written that certification will be suspended or certification will not be issued until current nonconformity is eliminated.
If major nonconformity is not completely eliminated but reduced to a minor nonconformity level, this condition recorded on current FR.SB.18 Corrective Action Form by the team leader and a new FR.SB.18 Corrective Action Form is filled for the minor nonconformity. A new activity description is requested.
For minor nonconformities that require a follow-up, corrections and effective implementation of corrective actions are verified on site. If it is found that related nonconformity could not be closed or repeated, it can be categorized as a major nonconformity considering nonconformity?s impact on the system. In cases where corrective action plan is found appropriate, certification stage is initiated in certification, transfer, re-certification and change of scope audits. In surveillance audits continuity of certification is ensured.

8.4.2 Verification of Corrective Actions During Surveillance Audit

When a minor nonconformity that is identified during the audit and decided to be closed in the next audit under the condition of approving corrective action plan is seen that it is not closed in the subsequent audit, it may be changed to a major nonconformity upon the decision of team leader. Rationale is recorded on the original FR.SB.18 Corrective Action Form. Issue is clearly expressed on the FR.SB.18 Corrective Action Form created for new major nonconformity and original report is referenced.
In this condition, maximum duration for corrective action is one month. Company's certification is suspended if it is seen that nonconformity is not eliminated in the audit performed at the end of one month.

8.5 Audit Program

Audit program recorded with FR.SB.02 Audit Program covers initial audit that includes Stage 1 and Stage 2 audits, surveillance audits in the first and second year and re-certification audit in the third year before the certificate?s validity expires. Three-year certification cycle, starts with certification or re-certification decision. In the establishment of audit program and each subsequent organization, size of the customer organization, scope and complexity of the management system, products and processes and previous audit results are taken into consideration as well as proven level of management system efficiency.

In addition, the following points are taken into consideration during the modification or development of an audit program. If there are any changes that affect the certification process, these changes are obtained from the company with FR.SB.19 Certification Change Form. According to the change, activities that will be monitored by the System Certification Department Manager are determined. If necessary, audit plan can be changed based due to the impact of changes on the field audit depending on the following conditions.

a) Scope and complexity of customer management system,
b) Product and processes (including services),
c) Size of the client organization,
d) Areas that will be audited,
e) Language of the client organization, oral and written languages,
f) Conditions of the sector or regulatory bodies,
g) Needs and expectations of clients and their customers,
h) Number of shifts and timing,
i) Audit duration required for each audit activity,
j) Competency of each member of the audit team,
k) Audit need of temporary areas,
l) Audit results of Stage 1 or other previous audits,
m) Results of other surveillance activities,
n) Level of measuring the effectiveness of management system,
o) Sampling appropriateness,

The following order of activities is considered in the preparation of the audit program;

a) Certification Audit / Stage 1

Decision is made on the proposal stage whether if it will be carried out on site or in the office. Relevant records and documents are requested from the company if it will be carried out in the office. FR.SB.17 Audit Plan is submitted for the agreed date if it will be performed on site.

Stage 1 audit, audit and certification are the audits carried out to check whether the company is ready for Stage 2 audit.
During the application, the critical code is detected by the person reviewing the application.Stage 1 audits are carried out on-site or on a desk according to the critical codes defined in the company's Annex A, Annex B Tables in TÜRKAK R 40.05. PR.SB.02 APPLICATION EVALUATION and CONTRACT PROCEDURE A, Annex B, Annex D Tables are defined.
- Situations where the stage 1 audit should be performed at the client's workplace;
- For ISO 9001, 14001, 45001: Audits in critical codes
- Situations where the stage 1 audit should be carried out at the desk (without going to the client's workplace);
- Audits that do not have critical code

In the audits of ISO 22000 Food Safety Management System, ISO 27001 Information Security Management System and ISO 50001 Energy Management systems, Stage 1 audit is carried out in

the field regardless of the risk group.

b) Certification / Stage 2

FR.SB.17 Audit Plan is prepared and the company is informed as documented. In addition, the name of audit team members need to take place within audit plan. Thus, there will be a chance to consider the possibility of appeal for assigned audit team members agreed for service based. Throughout the Halal Certification Audit performance, the details such as raw material, semi product, and various additives used in production stages, technical inspection / test requirement, audit frequency of certification cycle, are defined as categored based within TL.SB.06 Tea and Tea Products Halal Food Certification Instruction, TL.SB.07 Coffee and Coffee Products Halal Food Certification Instruction, TL.SB.08 Cocoa and Cocoa Products Halal Food Certification Instruction, TL.SB.09 Nuts Halal Food Certification Instruction, TL.SB.10 Water Halal Certification Instruction, TL.SB.11 Sugar and Confectionery Products Halal Food Certification Instruction, TL.SB.12 Vegetable Origin Oils and Fats Halal Food Certification Instruction, TL.SB.13 Spices Halal Certification Instruction, TL.SB.14 Meat and Meat Products - Bovine and Ovine Meat Halal Food Certification Instruction, TL.SB.15 Meat and Meat Products Halal Food Certification Instruction, TL.SB.16 Fruits and Vegetables and Their Products Halal Food Certification Instruction, TL.SB.17 Grain and Cereal Products - Flour and Bakery Products Halal Food Certification Instruction, TL.SB.18 Halal Certification Instruction for Processed Oilseeds, TL.SB.19 Halal Certification Instruction for Canned Food, TL.SB.20 Halal Certification Instruction for Salt Used in Food, TL.SB.21 Halal Certification Instruction for (Beverage) Soft Drinks is defined on a category basis.

c) Follow-up Audit

Follow-up audit is performed with the purpose of determining elimination of nonconformities identified during the second stage certification, surveillance, certification renewal, transfer and scope enlargement audits and decided to be followed up. While nonconformities that require a follow-up audit are mostly major nonconformities, in some cases a follow-up audit can be performed for closing some minor nonconformities. This decision depends on the situation encountered in the company and determined by the team leader.
Three months period is given for elimination of major nonconformities encountered during the audit. During this period, company representative need to verify that necessary corrective actions are implemented for elimination of nonconformity.
In the follow-up audit that will be performed on site, an informative letter containing the content of the audit, audit team and the agreed date is sent. Unless there is an extraordinary situation, auditor/auditors are selected from the audit team identified the major nonconformity.
Although follow-up audits do not usually require experts, an expert is included in the team if follow-up of identified nonconformity requires an expert's opinion in the design or production process. In the certification audit closing meeting, company representatives are informed about the team for follow-up audit and company?s approval is obtained by making a revision in the proposal when necessary.

d) Transfer Audit

Transfer Audits are carried out for confirmation of related certificate's validity when a management system certification given by a certification body is transferred to SZUTEST. Evaluation of certification transfer in terms of transfer audit status depends on the following conditions.

- Candidate company's activities within the scope of certification should be under the scope of SZUTEST's accreditation.
- Transfer audits are valid for certificates issued by certification bodies accredited by an IAF member accreditation body.
- The certificate must be valid in order to perform a transfer audit. Transfer audits can not be carried out for suspended certificates.
- Nonconformities specified by the previous certification body must be closed by the company before performing a transfer audit.
- Last audit date of the organization applied for transfer must be performed at most 12 months prior to SZUTEST's transfer audit.
- Validity period of the certificate should be 6 months longer than the expiration date.

Transfer audit is done in the same way as certification audit applications. In addition to documents (compulsory documents required by the relevant standard) requested prior to certification audit, records related to the audit carried out by the previous certification body is requested and examined.

Following considerations are taken into account in reviewing activities;

- Company's reason of transfer,
- Performed last audit time and dates,
- Compliance of company's scope to the scope of SZUTEST,
- Correctness and validity of certificate, whether addresses on the document and required addresses are within the scope of certification and their validity, status of non-closed nonconformities and if possible verification by the previous certification body for nonconformities that have been closed,
- Previous audit reports and observations,
- Received complaints and implemented actions.

e) Certification Renewal Audits

Certification renewal audits are performed to re-certificate companies before the expiration of certificate's validity (3 years). At least 3 months prior to expiration of certificate's validity, companies are contacted by Planning Responsible and an answer is requested fom the companies. If the company fail to respond or do not request the continuity of certification, the certificate loses its validity at the end of certification validity period.
If the company requests to be re-certified after the expiration of certificate validity period, the application is considered as an initial certification and not a re-certification.
Prior to certification renewal audit, information received from the company is reviewed by the Department Manager to determine if an important change has been done on the scope of company's management system. A new proposal is done to the company for re-certification audit activities and a contract is signed. First stage certification activities are performed if significant changes are observed (changes in legislation and management system or issues that management system operates) due to information received from the company.
Certification renewal audit should be planned to provide necessary time to close the nonconformities that may be detected in the audit within the time of the certificate validity period. Otherwise, the method will be followed as if the company has been certified for the first time.

Certification renewal audits include the following topics in addition; Results obtained from the review of the system during the certification period,

- Assessing the performance of system in the nearest certification cycle,
- Complaints received from the customers of certified company

Provided that the re-certification activities are completed, certification may be activated within 6 months after the expiration of certification period. Otherwise at least one Stage 2 audit must be carried out. Valid date on the certificate should be the re-certification date or later and previous certification cycle should be taken as a basis in the validity period.
Major changes in facilities, equipment, systems and processes are also taken into account in the recertification audit.Continuity of energy performance improvement needs to be verified for renewal of certification.

f) Surveillance Audits

Surveillance Audits are planned considering Surveillance Audit Plan prepared in certification or certification renewal audits. FR.SB.17 Audit Plan is prepared according to Surveillance Audit Plan. During the preparation of Surveillance Audit Plan and Audit Plan, number of nonconformities observed in audits/previous audits, number of staff, important changes in the organization/processes, affiliated facilities / companies with seasonal and shift production and departments audited in previous audits must be taken into consideration.
A surveillance audit is planned in 12 month intervals to evaluate the continuity of system. However frequency of audit can be increased due to customer complaints reaching SZUTEST, level of nonconformities and opinions of the certification team.
First surveillance audit that will be performed after the initial certification is planned in a way not to exceed 12 months on the basis of certification decision date. Suspension process initiates if it is exceeded. In the other surveillance audits that will be performed after the first surveillance audit and in surveillance audits that will be performed after the certification renewal audits, deviation from the planned audit date is at most +3 months. Written justification is requested from certified customer for postponement requests. However, in case of exceeding the determined period, audit can be postponed upon the decision of committee. Postponement must be within the stated calendar year.

Each surveillance audit must include at least the following for related Management System Standard;

a. Internal audits and management review,
b. Review of activities performed for nonconformities identified during the previous audit.
c. Handling of complaints
d. Implementation of certified client's objectives and the effectiveness of management system for the objectives of relevant management system
e. Development of planned activities aimed at continuous improvement
f. Operational control is maintained,
g. Review of changes,

Surveillance audit frequencies to be carried out within the framework of Halal Certification audit activities are based on the risk class table defined in Article 8.4.2 of the PR.SB.02 Application Evaluation and Contract Procedure.The evaluation of the risk classes of the relevant product categories and their monitoring frequency are determined by the technical responsible.In case of a complaint regarding the certification scope of the relevant client institution, an unannounced audit is planned by the technical responsible without waiting.

g) Special Audits

Amendment Audits

Audits that are performed with the purpose of controlling changes such as change of company title, change of company's activity scope, change of company's address and branches. Service contract is renewed if company's official status (address, title, etc.) is changed before the change audit.
Change requests are received from companies with certification change form. Department Manager decides whether to perform a document review or site audit and it is recorded on the form. In the change of scope and change of address audits, a site audit is performed in the necessary duration depending on the scope and production site in addition to document review. It is recorded with an audit report. In change audits where there is no need for a field audit, Department Manager may decide on certification change under the condition of depending on objective evidence (For example: in case of a change made by the local government such as street, avenue, gate no).

Short Notice Audits

When there are complaints to the company involving objective evidence, by contacting the company, SZUTEST may decide to perform an extraordinary audit that is not on the program. In these kinds of audits, company is informed some time before the company can change the current situation (one day before at most) and audit is performed.
In the assignment of audit team to carry out the audit, if possible a team that is different than the previous audit and an audit team capable of interpreting the complaint is appointed.
If company fails to accept the audit, their certificate is suspended by Department Manager and company is informed in written about the situation. Also if there is a negative perception beside the complaints, SZUTEST or TURKAK may perform unplanned visits to organizations certified by SZUTEST if seen necessary.
For companies with ISO 45001 Management System certification, if they become aware that there is a serious incident related to occupational health and safety,
Conduct a special audit, independent of the involvement of the competent regulatory authority, to investigate whether the management system is compromised and working effectively.

h) Integrated Audits

Audits can be combined with other management systems and performed simultaneously. Integration is possible only if audit covers all requirements of all standards. All members of the audit team that will be assigned in the integrated audit are selected from auditors and technical experts appointed for each management system. Audit plan is prepared to define responsibilities of each member of the audit team, department/standards that they will audit and duration of audit. Audit reports can be prepared separately for each system or in an integrated manner. In integrated audits, a checklist can be prepared for each system separately, or it can be prepared in a single report format as FR.SB.138 Integrated Inspection Hand Note.
When ISO 9001 audit is combined with ISO 13485 or quality system based product certification (Module H1, H, D, D1, E, E1) audits, ISO 9001 certification process can be carried out with forms identified in quality system based product certification processes.

8.6 Decision and Continuity of Certification

Certification, continuity of certification and suspension related activities are performed in accordance with PR.SB.05 Certificate Issuance, Continuation and Suspension Procedure.

8.7 ISO 9001 audits performed together with Elevator Regulation Quality System Based Product Certification activities are carried out according to this procedure and following forms are used in the process.

Forms which are used for system certification audits	Forms which are used for lifting directive quality system based product certification integrated audits with ISO 9001 audits
FR.SB.14 Audit Team / Certification Commitee Appointment Form	FR.LD.75 Audit Team / Certification Commitee Appointment Form
FR.SB.17 Audit Plan	FR.LD.77 Audit Plan
FR.SB.55 Opening Closing Meeting Form	FR.LD.78 Opening Closing Meeting Form
FR.SB.21 Certificate Scope Form	FR.LD.80 Certificate Scope Form
FR.SB.23 Certification Decision Form	FR.LD.58 Conformity Assessment Decision Form
FR.SB.22 Surveillance Decision Form	FR.LD.79 Surveillance Audit Decision Form
FR.SB.27 ISO 9001:2015 Audit Check List	FR.LD.19 2014/33/AB Lifting Directive Ann. X, Ann. XI, Ann. XII ve Ann. VI Conformity Assesment Report FR.LD.70 Lifting Directive Module H1 Module D Module E and Safety Equipment Module E Conformity Assessment Checklist and Report
FR.SB.18 Nonconformity Form	FR.LD.79 Nonconformity Report